

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2008 JAN 18 PM 1:03

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

BRENT HOFFMAN

Political Party (if applicable)

N/A

Office Sought

N/A

District (if Senate or House)

N/A

**FORM
DR-2**

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Brent Hoffman
SIGNATURE OF PERSON FILING REPORT

(712) 251-5344
TELEPHONE

Jan. 18th, 2008
DATE SIGNED

I AM FILING A January 19th (Annual) REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

N/A

County & Local Committees, enter County in
which Election is held

Woodbury

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 839.65

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

8,235.

Schedule F: Loans Received total (Attach Schedule F)

10,000.

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

19,074.65

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

18,175.21

Schedule F: Loan Repayments total (Attach Schedule F)

0.

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 899.44

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0.

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

1,055.30

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

10,000.

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/29/07	ID# CK#	Lynn Posey 2800 Summit St Sioux City, IA 51104		\$ 20.	<input type="checkbox"/>
10/29/07	ID# CK#	Helen Gleeson 4010 Perry Way Sioux City, IA 51104		200.	<input type="checkbox"/>
10/29/07	ID# CK#	Paul Braunger 1440 Hamilton Blvd Sioux City, IA 51103		100.	<input type="checkbox"/>
10/29/07	ID# CK#	Timothy Brown 4441 Country Club Blvd Sioux City, IA 51104		300.	<input type="checkbox"/>
10/29/07	ID# CK#	John Gleeson 58 Red Bridge Dr Sioux City, IA 51104		600.	<input type="checkbox"/>
10/29/07	ID# CK#	Kenneth Cunningham 3400 Woodlark Ln Alexandria, VA 22309		150.	<input type="checkbox"/>
10/29/07	ID# CK#	Christopher Bogenrief 14 Timberlane Dr Sioux City, IA 51108		50.	<input type="checkbox"/>
10/29/07	ID# CK#	Richard Murphy 6041 Woodmont Rd Alexandria, VA 22307		500.	<input type="checkbox"/>
10/29/07	ID# CK#	Charlie Zock 4300 Bennington Rd Sioux City, IA 51103		200.	<input type="checkbox"/>
10/29/07	ID# CK#	Jane Davenport 4410 Country Club Blvd Sioux City, IA 51104		50.	<input type="checkbox"/>

SUB-TOTAL

\$ 2,170.

TOTAL (If last page of this schedule)

\$ —

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

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10/29/07	ID# CK#	Peter Thoreen 110 W. 40th St Sioux City, IA 51104	Not Applicable	\$ 150.	<input type="checkbox"/>
10/29/07	ID# CK#	Richard Bertrand 1501 Peavey St Sioux City, IA 51105		500.	<input type="checkbox"/>
10/29/07	ID# CK#	Lynn Mills 4571 Hamilton Blvd Sioux City, IA 51104		250.	<input type="checkbox"/>
11/01/07	ID# CK#	James Champion 2311 S. Cypress St Sioux City, IA 51106		100.	<input type="checkbox"/>
11/01/07	ID# CK#	Jacquelin Grabowski 4500 Stoneridge Pt Sioux City, IA 51106		200.	<input type="checkbox"/>
11/01/07	ID# CK#	Kees Eder 2000 Outer Dr N #311 Sioux City, IA 51104		100.	<input type="checkbox"/>
11/01/07	ID# CK#	Michael Bennett 4508 Stoneridge Pt Sioux City, IA 51106		200.	<input type="checkbox"/>
11/01/07	ID# CK#	C.E. Wolfe 400 Pelletier Dr Sioux City, IA 51104		100.	<input type="checkbox"/>
11/02/07	ID# CK#	Clarence Hoffman Denison, IA 51402		100.	<input type="checkbox"/>
11/02/07	ID# CK#	Warren Nelson 40 Ridgeway Rd Sioux City, IA 51104		100.	<input type="checkbox"/>
SUB-TOTAL				\$ 1,800.	
TOTAL (If last page of this schedule)				\$ —	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/02/07	ID# CK#	Sheryl Leonard 1362 Hwy 59 Holstein, IA 51025		\$ 100.	<input type="checkbox"/>
11/02/07	ID# CK#	John Mayne 3832 Nebraska St Sioux City, IA 51104		125.	<input type="checkbox"/>
11/02/07	ID# CK#	(Gore Stemmen) S+S Development (Sole Proprietor) P.O. Box 2716 Sioux City, IA 51106		200.	<input type="checkbox"/>
11/02/07	ID# CK#	Susan Kynes 3910 Longstreet Ct Annandale, VA 22003		50.	<input type="checkbox"/>
11/02/07	ID# CK#	Paul Baker 526 Ascot St Sioux City, IA 51103		40.	<input type="checkbox"/>
11/02/07	ID# CK#	Peacemakers Political Action 2912 Nebraska St Sioux City, IA 51104		3,000.	<input type="checkbox"/>
11/06/07	ID# CK#	Gerald Weiner 338 Streeter Dr. N. Sioux City, SD 57049		500.	<input type="checkbox"/>
11/06/07	ID# CK#	Kyle Kelly 410 Inverness Trl Dakota Dunes, SD 57049		50.	<input type="checkbox"/>
11/15/07	ID# CK#	Michael Wyganski 4612 Denning Ave Alexandria, VA 22312		100.	<input type="checkbox"/>
11/15/07	ID# CK#	Walter Truax III 809 Mayberry Dr McKinney, TX 75071		100.	<input type="checkbox"/>

SUB-TOTAL

\$4,265.

TOTAL (If last page of this schedule)

~~4,265~~ 8,235.

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Page 3 of 3
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/30/07	ID# CK#	KCAU-TV 625 Douglas St Sioux City, IA 51101	TV Ads	\$ 1,490.
10/30/07	ID# CK#	SC Journal 515 Pavonia St Sioux City, IA 51101	Newspaper Ads	1,312.35
10/30/07	ID# CK#	The Mail House P.O. Box 1105 Sioux City, IA 51102	Direct Mail	4,165.93
10/30/07	ID# CK#	USPS Northside, Sioux City, IA 51104	Stamps	123.
11/01/07	ID# CK#	SC Journal 515 Pavonia St Sioux City, IA 51101	Newspaper Ads	1,417.60
11/02/07	ID# CK#	Powell Broadcasting 2000 Indian Hills Dr Sioux City, IA 51104	Radio Ads	877.20
11/02/07	ID# CK#	USPS Northside, Sioux City, IA 51104	Stamps	123.
11/03/07	ID# CK#	Tractor Supply Co. 1121 Zenith Dr Sioux City, IA 51102	Posts	91.17
SUB-TOTAL				\$ 9,660.25
TOTAL (If last page of this schedule)				\$ —

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/03/07	ID# CK#	Powell Broadcasting 2000 Indian Hills Dr Sioux City, IA 51104	Radio Ads (Bill-back, 400 to 60 sec)	\$ 275.40
11/05/07	ID# CK#	Studio B Graphics P.O. Box 157 S. Sioux City, NE 68776	Mailer Cards (Invoice)	3,905.50
11/05/07	ID# CK#	The Mail House P.O. Box 1105 Sioux City, IA 51102	Direct Mail Payment (Invoice → Payment-01/08)	4,167.25
11/05/07	ID# CK#	USPS Northside Sioux City, IA 51104	Stamps	123.
01/15/08	ID# CK#	Starbucks Lakeport S. Lakeport Rd Sioux City, IA 51106	Coffee Meeting (Debit Card reconciliation 10/02/07)	8.83
01/15/08	ID# CK#	Security Nat'l Bank 601 Pierce St Sioux City, IA 51101	Account Fees: Debit Card, 5.00 Taxes + Fees, \$14.98, 10-11; + Statements, \$15.00	34.98
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 8,514.96
TOTAL (If last page of this schedule)				\$ 18,175.21

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

SCHEDULE
E
(Rev. 06/97)

IN-KIND
CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/22/07	Studio B Graphics P.O. Box 157 68716 South Sioux City, NE		Notecards	\$ 205.30	<input type="checkbox"/>
11/04/07	The Knight Family 1510 McDonald St Sioux City, IA 51103		Newspaper Ad	850.	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 1,055.30

TOTAL (if last
page of this
schedule) \$ 1,055.30

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ -0-

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
11/05/07	BRENT HOFFMAN 3905 Sylvan Ave Sioux City, IA 51104	Candidate	\$ 5,000.
01/04/08	BRENT HOFFMAN 3905 Sylvan Ave Sioux City, IA 51104	Candidate	\$ 5,000.

TOTAL (PART I)

\$ 10,000.

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YY)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0.

From Schedule E - TOTAL LOANS FORGIVEN

\$ 0.

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 10,000.

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Page 1 of 1
(for Schedule F)

SCHEDULE

F

(Rev. 07/03)

LOANS
RECEIVED
& REPAIDCHECK THIS BOX IF
AMENDING FORM